

**Indiana Family and Social Services Administration
Division of Mental Health and Addiction**

Respite Care Provider Certification

Name of Agency:

Date:

Yes No N/A

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CMHC that is certified by the Division of Mental Health and Addiction (DMHA).

Yes No N/A

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Approved accreditation by a nationally recognized accrediting body. Please circle all that apply: AAAHC, COA, URAC, CARF, ACA, JCAHO, or NCQA

Agencies must provide documentation of appropriate licensure:

- 1) Emergency shelters licensed under IC 31-27-5;
- 2) Special needs foster homes licensed under IC 31-27-4;
- 3) Therapeutic foster homes licensed under IC 31-27-4;
- 4) Other child caring institutions licensed under IC-21-27-3
- 5) Child Care Centers, Child Care Homes, or School Age Child Care Project licensed under IC 12-17-4 through 5 and 12

The agency's individual or individual provider must meet the following minimum qualifications:

Name of Individual:

Date:

Yes No

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At least 21 years of age; attach copy of picture identification card

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High school diploma or equivalent; attach copy of diploma or equivalent
Name of school or agency where completed:
Date of completion:

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Two years paid or personal experience with children with SED/youth with serious mental illness
Dates of experience:
Type of experience:

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Completion of DMHA approved training program on the following topics:
Introduction to System of Care values and philosophy –
Date completed:
Name of Training:
Name of person or agency that provided training:

Participation on a Child and Family Team or Training on same subject–
Date completed:
Name of Training or Facilitator observed:
Name of person or agency that provided training:

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|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Supervised by QMHP
Name of QMHP Supervising: |
| <input type="checkbox"/> | <input type="checkbox"/> | State and local criminal background screens
Attach copy of screen |
| <input type="checkbox"/> | <input type="checkbox"/> | State and local Child Protective Services registry screens
Attach copy of screen |
| <input type="checkbox"/> | <input type="checkbox"/> | Drug screen
Attach copy of screen |

Please submit this form and copies of required documentation to the CA-PRTF Team at DMHA. Agencies are expected to maintain documentation of employee's qualifications on site and have copies available when DMHA staff complete audits.

DMHA is responsible for verifying an individual or agency meets the above qualifications. Individual qualifications will be checked annually. Agencies will have initial approval and at license, accreditation or contract renewal.